

2004 CALIFORNIA WOMEN'S HEALTH SURVEY

November 2003

Questions about the survey should be directed to:

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INTROQ

HELLO, I'm (interviewer name) calling on behalf of the California Department of Health Services and the Office of Women's Health.

Is this (phone number) ?

1. Yes---> (Continue)
2. No ---> Thank you very much, but I seem to have dialed the wrong number. (Stop)

NUMADULT

We're doing a study of the health practices of California adults. Your number has been randomly chosen to be included in the study, and we'd like to ask some questions about things people do which may affect their health. Our study requires that we randomly select one adult who lives in your household to be interviewed. How many members of your household, including yourself, are 18 years of age or older?

____ Enter the number of adults

NUMWOMEN

(If NUMADULT GT 1)

How many are women?

____ Enter the number of women (0-9)

MENONLY

(If NUMWOMEN EQ 0)

Thank you for your cooperation, but we are only interviewing women age 18 and older at this time.

NUMMEN

(If NUMADULT GT 1)

How many are men?

____ Enter the number of men (0-9)

(Verify: NUMMEN+NUMWOMEN=NUMADULT)

SELECTED

(If NUMWOMEN GT 1)

The person in your household I need to speak with is the _____.

Are you the (SELECTED) ?

1. Yes---> Continue.
2. No ---> **May I speak with the _____?**

ONEADULT

(If NUMWOMEN = 1)

Are you the adult?

1. Yes---> **Then you are the person I need to speak with. All the information obtained in this study will be confidential.**
2. No ---> **May I speak with her?** (When selected adult answers:)

Hello, I'm (interviewer name) calling on behalf of the California Department of Health Services and the Office of Women's Health.

Introduction:

We're doing a special survey of California women and are asking about their health practices and day-to-day living habits. Your telephone number was randomly selected from all California phone numbers. You have been randomly chosen to be included in the study from among the adult women of your household.

Before I ask you any questions, I want to be sure you know that your participation is totally voluntary and that all the answers you provide will be kept confidential. You will not be identified in any way in any reports. Your answers will be combined with the answers of the 4000 other women who take part in the survey.

You may stop the interview at any time. If there is a question that you cannot or do not wish to answer, please tell me and I'll go to the next question.

In this survey, we are asking questions about health care coverage, experience with cancer screening tests, food security, immunization, alcohol and tobacco use, vitamin and herbal supplement use, osteoporosis, sexually transmitted diseases, public assistance, disability, mental health, and family violence. Depending on your age, you may also be asked about family planning, childbirth and experience with the Women, Infants and Children's program.

We appreciate your cooperation with this survey. The only cost to you is the time needed to answer the questions. The survey takes about 25 minutes. Although you may not gain personally from taking part in this survey, the information you give will be used to improve state programs and to identify areas of need to improve the health of California women.

First I'd like to ask some questions about your health.

GENHLTH (Core)

HEALTH.

1. Would you say that in general your health is: Excellent, Very good, Good, Fair, or Poor?

- 1. Excellent
- 2. Very good
- 3. Good
- 4. Fair
- 5. Poor

- 7. Don't know / Not sure
- 9. Refused

PHYSHLTH (Core)

TYPEVII.

2. Now thinking about your physical health, which includes physical illness and injury, for how many days during the past 30 days was your physical health not good?

- ___ Enter Number of days

- 88. None

- 77. Don't know / Not sure
- 99. Refused

MENTHLTH (Core)

TYPEVII.

3. Now thinking about your mental health, which includes stress, depression, and problems with emotions, for how many days during the past 30 days was your mental health not good?

- ___ Enter Number of days

- 88. None

- 77. Don't know / Not sure
- 99. Refused

POORHLTH (Core) (Ask if PHYSHLTH ≥ 1 or MENTHLTH ≥ 1)

TYPEVII.

4. During the past 30 days for about how many days did poor physical or mental health keep you from doing your usual activities such as self-care, work or recreation?

- ___ Enter Number of days

- 88. None

- 77. Don't know / Not sure
- 99. Refused

HEALTH ACCESS

These next questions are about women's access to medical care. Please be assured that I am not trying to sell you insurance coverage.

HAVEPLN3 (Core)

YESNO.

5. Do you have ANY kind of health care coverage? (This would include health insurance, prepaid plans such as HMOs--health maintenance organizations--or government plans such as Medicare or Medi-Cal.)

1. Yes
2. No
7. Don't know / Not sure
9. Refused

HLTHPLAN (Core)

YESNO.

(If HAVEPLN3 = 2, 7, or 9 ask:)

There are some types of coverage you may not have considered. Please tell me if you have coverage through any of the following:

(If HAVPLN3 = 1, ask:)

Do you receive health care coverage through:

	Yes	No	DK/NF	RF	
6. Your employer	1	2	7	9	EMPPLAN
7. Someone else's employer (including spouse)	1	2	7	9	OEMPLAN
8. A plan that you or someone else buys on your own	1	2	7	9	OWNPLAN
9. Medicare	1	2	7	9	MEDICARE
10. Medi-Cal (Medicaid)	1	2	7	9	MEDICAL
11. The military, CHAMPUS, or the VA [or CHAMP-VA]	1	2	7	9	MILPLAN
12. Indian Health Service, or,	1	2	7	9	INDIANHS
13. Some other source	1	2	7	9	OTHRSRCE

If no "Yes" responses to Q6-13, go to PASTPLAN;
If more than one "Yes" to Q6-13, go to MAINPLAN, else go to GAPPLNT2

MAINPLAN (Core)

MAINPLN.

14. What type of health care coverage do you use to pay for MOST of your medical care?

Is it coverage through: (Read only if necessary)

1. Your employer
2. Someone else's employer (including your spouse)
3. A plan that you or someone else buys on your own
4. Medicare
5. Medi-Cal (Medicaid)
6. The military, CHAMPUS, the VA (or CHAMP-VA)
7. Indian Health Service
8. Some other source

88. None

77. Don't know / Not sure

99. Refused

GAPPLNT2 (Core)

TYPE II.

15. In how many of the past 12 months were you without any coverage? F6=none

_____ (number)

77. Don't know / Not sure

99. Refused

HMOPPO2 (Core)

YESNO.

16. Do you receive your health care through an HMO (Health Maintenance Organization)?

1. Yes

2. No

7. Don't know / Not sure

9. Refused

HLTHLIST (Core)

HLTHLIST.

17. Not including any supplemental and medigap health insurance, what is the name of the health plan you use to pay for most of your medical care?

Select from Brandlist

96. Other (Specify)

777. Don't know / Not sure

888. None

999. Refused

(Go to CHECKUP2)

(Go to CHECKUP2)

(Go to CHECKUP2)

PASTPLAN (Core)

HOWLONGC.

18. About how long has it been since you had health care coverage?

Read Only if Necessary

1. Within the past 6 months (more than 0 to 6 months)
2. Within the past year (more than 6 months to 1 year)
3. Within the past 2 years (more than 1 year to 2 years)
4. Within the past 5 years (more than 2 years to 5 years)
5. More than 5 years ago

7. Don't know / Not sure
8. Never
9. Refused

CHECKUP2 (Core) Ask all women

HOWLONG.

19. Some people visit a doctor for a routine checkup, even though they are feeling well and have not been sick. About how long has it been since you last visited a doctor for a routine medical checkup?
(Read only if necessary)

1. Within the past year (0 years to 1 year)
2. Within the past 2 years (more than 1 year to 2 years)
3. Within the past 5 years (more than 2 years to 5 years)
4. More than 5 years ago

7. Don't know / Not sure
8. Never
9. Refused

DISABILITY

DISANY (Core)

YESNO.

20. Are you limited in any way in any activities because of a physical, mental, or emotional problem?

1. Yes
2. No (Go to FLUVAC)

7. Don't know/Not sure (Go to FLUVAC)
9. Refused (Go to FLUVAC)

DISLONG (EPIC) If Yes to above

HOWLONGJ.

21. How long have your activities been limited?

- ____ Enter number
- ____ Enter time frame (Days, Weeks, Months, Years)
7. Don't know/Not sure
 9. Refused

DISWORK (DSS)

OFTENC.

22. In the past 12 months, how often has this problem affected your ability to take a job, work, attend educational or training activities? Would you say... F6 if Respondent answers she's retired

1. Always
2. Nearly Always
3. Sometimes
4. Seldom
5. Never

8. Not Applicable
7. Don't know/Not sure
9. Refused

DISCARE (EPIC)

YESNO.

23. Has this problem ever made it hard for you to get medical care?

1. Yes
2. No (Go to FLUVAC)

7. Don't know/Not sure (Go to FLUVAC)
9. Refused (Go to FLUVAC)

DISMDPRB (EPIC) IF YES to above

YESNO.

24. What problem or problems have you had getting medical care? (Mark all that apply)

1. Transportation
2. Lack of specialists I need
3. Wrong exam tables or other equipment
4. Lack of assistance (for example with removing clothing, moving)
5. Bad attitude/Insensitivity of health workers
6. Costs/Insurance exclusions
7. Lack of time allotted for appt.
8. Other (specify) _____

77. Don't know/Not sure
99. Refused

FLUVAC (Immunization)

YESNO.

25. During the past 12 months, did you get a flu shot?

1. Yes
2. No

7. Don't know/Not sure
9. Refused

FLUVAC50 (Immunization)

TYPEXVI.

26. At a particular age, everyone is recommended to get a yearly flu shot. At what age have you heard the general public should start getting a flu shot? F6=Haven't heard

_____ Enter Age

8. Not Applicable
7. Don't know/Not sure
9. Refused

CONTINUITY OF CARE

WHERCARE (MCH)

WHERCARE.

27. During the past 12 months, where did you USUALLY go when you needed health care? Have you usually gone to an. . .

1. Emergency room
2. Private doctor
3. Hospital clinic
4. HMO clinic
5. Community clinic
6. Acute care clinic
7. Urgent care clinic
8. Doesn't go to one place most often (Do not read)
9. Did not see anyone during the past 12 months (Do not read)
10. Other (Specify _____)

77. Don't know / Not sure
99. Refused

SMOKING

Now I would like to ask you a few questions about cigarette smoking

SMOKE100 (Core) Ask all women

YESNO.

28. Have you smoked at least 100 cigarettes in your entire life?

5 packs = 100 cigarettes

1. Yes
2. No (Go to WICHEAR)

7. Don't know / Not sure (Go to WICHEAR)
9. Refused (Go to WICHEAR)

SMKEVDA2 (Core)

EVDAY.

29. Do you now smoke cigarettes everyday, some days, or not at all?

1. Everyday
2. Some days
3. Not at all

7. Don't know / / Not sure
9. Refused

The next few questions are about the Women, Infants, and Children program, also known as the WIC program

WICHEAR (WIC) Ask all women (on '97 and '99)

YESNO.

30. Have you heard of WIC, the Women, Infants and Children Supplemental Nutrition Program?

1. Yes
2. No (Go to AGEb)

7. Don't know/Not sure (Go to AGEb)
9. Refused (Go to AGEb)

WICQUAL NEW (WIC) (New response categories)

YESNO.

31. Who do you think qualifies for WIC? (Mark all that apply) (Do not read responses)

1. It's for people on welfare
2. It's for people on Medi-Cal
3. It's for pregnant women
4. It's for women and their children under 5
5. It's for children under 5

88. Other (specify)

77. Don't know/Not sure

99. Refused

Because a number of the following questions are age-dependent, before we continue, I need to ask:

AGEB (Core)

TYPEI.

32. What is your age?

___ Enter age in years

7. Don't know / Not sure

9. Refused

If AGE LT 50, go to PREGNANT;
If AGE GE 50 and LT 55, go to PREG5YR;
If AGE GE 55, go to LIVEBRT2

PREGNANCY

PREGNANT (Core) (Asked of those AGE 18-49)

YESNO.

33. To your knowledge, are you now pregnant?

1. Yes

(Go to PREG5YR)

2. No

7. Don't know / Not sure

9. Refused

TRYPREG (OFP)

YESNO.

34. Are you currently trying to become pregnant?

1. Yes

2. No

7. Don't know / Not sure

9. Refused

PREG5YR (Core) Asked of those AGE 18-54

YESNO.

35. Have you been pregnant in the past five years?

If PREGNANT=1 ASK:]

Other than your current pregnancy, have you been pregnant in the past five years?

- 1. Yes
- 2. No

- 7. Don't know / Not sure
- 9. Refused

LIVEBRT2 (MCH) Ask all women

TYPEII.

36. How many children have you ever given birth to, counting only live births?

___ Enter Number

88. None (Go VITBWHYB)

77. Don't know / Not sure (Go VITBWHYB)

99. Refused (Go VITBWHYB)

LOBRTHWT (DSS)

TYPEII.

37. Thinking about those births, how many had a birth weight less than 5 pounds 8 ounces?

___ Enter Number (1-25)

88. None

77. Don't know / Not sure

99. Refused

DATEBRTH (MCH)

38. On what date did you last give birth to a live baby?

___ Enter month DATEB_A

___ Enter year DATEB_B

77. Don't know / Not sure

99. Refused

BRTHWGHT (MCH) Ask if PREG5YR = yes

39. How much did your last baby weigh at birth?

___ Enter pounds\ounces

___ Enter grams

77. Don't know / Not sure

99. Refused

VITAMIN USE

Now, I would like to ask you about your use of vitamins and minerals.

VITBWHYB (MCH)

VITBWHYB.

40. Some health experts recommend that women take the B vitamin folic acid or folate. To the best of your knowledge, for which one of the following reasons is this vitamin recommended for women: to make strong bones, to prevent birth defects or to prevent weight gain? Do not probe a "Don't Know" response.

1. to make strong bones
2. to prevent birth defects
3. to prevent weight gain

7. Don't know\Not sure
9. Refused

VITTAKEC (MCH) Modified Ask all women

YESNO.

41. Are you CURRENTLY taking a prenatal or multi-vitamin pill or a pill containing the B vitamin folate or folic acid?

1. Yes
2. No (Go to HERBTAKE)

7. Don't know / Not sure (Go to HERBTAKE)
9. Refused (Go to HERBTAKE)

VITDAILY (MCH)

YESNO.

42. Do you take any of these on a daily basis?

1. Yes
2. No

7. Don't know / Not sure
9. Refused

HERBTAKE (MCH) Ask all women

YESNO.

43. In the last 12 months, have you taken any herbs in any form to improve your health? (This includes tinctures and extracts).

1. Yes
2. No

7. Don't know / Not sure
9. Refused

HERBSUP (MCH) Ask all women

YESNO.

44. In the last 12 months, did you take an herbal supplement that contained any of the following: ginkgo, ginseng, Echinacea, St. John's Wort, Evening Primrose Oil, Ginger, Golden Seal or Parsley? Do not include herbs used as flavoring in cooking.

1. Yes
2. No

7. Don't know / Not sure
9. Refused

Ask if HERBTAKE=1 or HERBSUP=1; Else, go to SELFWGHT

HERBTALK (MCH)

YESNO.

45. Does your health care provider know about your use of any herbs?

1. Yes
2. No
7. Don't know / Not sure
9. Refused

SELFWGHT (CPNS)

WEIGHT.

46. Currently, do you consider yourself:

1. Overweight
2. Underweight
3. About the right weight for your height
7. Don't know / Not sure
9. Refused

DIETARY QUALITY

These next questions are about the foods you usually eat or drink. Please tell me how often you eat or drink each one, for example, twice a week, three times a month and so forth. Remember I am only interested in the foods YOU eat. Include all foods you eat, both at home and away from home.

DAILYEAT (CPNS)

TYPEIII.

47. A serving is about 1/2 cup of vegetables or fruit, 6 ounces of 100% fruit or vegetable juice, a medium piece of fruit, or 1 cup of green salad. About how many servings of fruits and vegetables do you usually eat or drink on an average day?

___ Enter number

7. Don't know / Not sure
9. Refused

DAILYVEG (CPNS)

TYPEIII.

48. How many total servings of fruits and vegetables do YOU think you should eat every day for good health? (That's a combined total of BOTH fruits and vegetables.) (A serving = 1/2 cup of vegetables or fruit, 6 ounces of juice, a piece of fruit, 1 cup of green salad)

___ Enter number

7. Don't know / Not sure
9. Refused

DEMOGRAPHICS

HISP3 (Core)

YESNO.

49. Are you Hispanic or Latina? (This includes Mexican American, Latin American, Puerto Rican or Cuban?)

1. Yes
2. No
7. Don't know / Not sure
9. Refused

ORACE3 (Core)

YES/NO.

50. Which one or more of the following would you say is your race?

Please read and mark all that apply.

- | | |
|--|---|
| 1. White | ORACE3_A |
| 2. Black or African American | ORACE3_B |
| 3. Asian | ORACE3_C |
| 4. Native Hawaiian or Other Pacific Islander | ORACE3_D |
| 5. American Indian or Alaska Native | ORACE3_E |
| 6. Other [specify] -----> | ORACETXT (Recoded, not retained) ORACE3_F |
| 7. Don't know / Not sure | (Go to REF_DEMO) |
| 9. Refused | (Go to REF_DEMO) |

If more than one response to ORACE3, continue. Otherwise, go to ORACE2A

ORACE4 (Core)

51. Which one of these groups would you say best represents your race?

- | | |
|--|----------------------------------|
| 1. White | |
| 2. Black or African American | |
| 3. Asian | |
| 4. Native Hawaiian or Other Pacific Islander | |
| 5. American Indian or Alaska Native | |
| 6. Other [specify] -----> | ORACETXT (Recoded, not retained) |
| 7. Don't know / Not sure | |
| 9. Refused | |

If ORACE3_C EQ 1 or ORACE3_D EQ 1 or ORACE4 EQ 3 or 4, go to ORACE2A;
Else go to BIRTHPLC

ORACE2A (Core)

ORACE2A.

52. Are you Chinese, Japanese, Korean, Filipino, Vietnamese, Cambodian, Laotian, East Indian, Indonesian or Other?

- | | |
|---------------------------|-----------------------|
| 1. Chinese | 2. Japanese |
| 3. Korean | 4. Filipino |
| 5. Vietnamese | 6. Cambodian |
| 7. Laotian | 8. East Indian |
| 9. Indonesian | 10. Hawaiian |
| 11. Samoan | 12. Pakistani |
| 13. Saipanese | 14. Fijian |
| 15. OTHER: (specify) | ----->ORA2ATXT (Text) |
| 77. Don't know / Not sure | 99. Refused |

BIRTHPLC (Core)

BIRTHPLC.

53. In what country were you born?

Select From Brand List

14. Other (specify _____)

- | | |
|---------------------------|-----------------|
| 77. Don't know / Not sure | (Go to MARITAL) |
| 99. Refused | (Go to MARITAL) |

BIRTHTXT

53.5 OTHER (SPECIFY)

If BIRTHPLC eq1 go to MARITAL;
Else continue

USEENTRY2 (Core)

TYPEI.

54. In what year did you come to live in the United States?

___ Enter year

7777. Don't know / Not sure

9999. Refused

MARITAL (Core)

MARITAL.

55. Are you: married, divorced, widowed, separated, never married, or a member of an unmarried couple?

1. Married

2. Divorced

3. Widowed

4. Separated

5. Never married

6. A member of an unmarried couple

9. Refused

CHILD18 (Core)

TYPEII.

56. How many children under age 18 live in this household?

___ Enter Number of children

00. None

(Go to EDUCA)

99. Refused

(Go to EDUCA)

CHILD1-CHILD9 (Core)

TYPEII.

57. (If CHILD18=1, ask:) How old is the child?

(If CHILD18 GT 1, ask:) How old are the children?

INTERVIEWER NOTE: List the ages of all children in the household. If child is less than one year old then age = 1.0. ENTER WHOLE YEARS ONLY. ROUND FRACTIONS UP.

EXAMPLE: 3.0 {In this household there is one 3 year-old (.0 suffix), two 5 year-olds (.1=younger 5.15 year old, .2=older 5 year old) and one 13 year old (.0 suffix)}

5.2

13.0

Youths =

___ AGE OF CHILD/CHILDREN

77. Don't know / Not sure

99. Refused

EDUCA (Core)

EDUCA.

58. What is the highest grade or year of school you completed? (Read Only if Necessary)

1. Eighth grade or less
2. Some high school (grades 9-11)
3. Grade 12 or GED certificate (High school graduate)
4. Some technical school
5. Technical School Graduate
6. Some College
7. College graduate
8. Post graduate or professional degree

9. Refused

EMPLOY3 (Core)

EMPLOYB.

59. Are you currently: Employed full time, Employed part time, Self-employed, Out of work for more than 1 year, Out of work for less than 1 year, Homemaker, Student, Retired, or Unable to work?

1. Employed full time (32 or more hours a week)
2. Employed part time (less than 32 hours a week)
3. Self-employed
4. Out of work for more than 1 year
5. Out of work for less than 1 year
6. Homemaker
7. Student
8. Retired
9. Unable to work

99. Refused

HHSIZE (CA)*** Calculated variable do not ask *** (not formatted)

60. Household size. ((NUMADULT-NHHADULT)+CHILD18)

INCOM02 (Core)

INCOMEB.

61. Which of the following categories best describes your annual household income from all sources? Less than \$10,000; \$10,000 to less than \$15,000; \$15,000 to less than \$20,000; \$20,000 to less than \$25,000; \$25,000 to less than \$35,000; \$35,000 to less than \$50,000; \$50,000 to less than \$75,000; \$75,000 to less than \$100,000 or \$100,000 or more?

1. Less than \$10,000
2. \$10,000 to less than \$15,000
3. \$15,000 to less than \$20,000
4. \$20,000 to less than \$25,000
5. \$25,000 to less than \$35,000
6. \$35,000 to less than \$50,000
7. \$50,000 to less than \$75,000
8. \$75,000 to less than \$100,000
9. \$100,000 or more

77. Don't know / Not sure
99. Refused

Find the point on the table where HHSIZE and INCOM02 intersect.
If there is a table value and the table value is LT the "less than" value of the response to INCOM02, go to THRESH03.

THRESH03 (Core)

YES/NO.

**62. Is your annual household income above _____ (table look up for income and household size)?
(This is an income threshold used for statistical purposes.)**

1. Yes
2. No

7. Don't know / Not sure
9. Refused

INCOM94	=	1 <10K	2 10-15K	3 15-20K	4 20-25K	5 25-35K	6 35-50K	7 50-75K	8 75-100K	9 100K+
HHSIZE=	1	9,000	11,650	16,600/ 17,950	22,450					
(Household Size)	2		12,100	15,750	22,400/ 24,250	30,300				
	3			15,250/ 19,850		28,250/ 30,500	38,150			
	4			18,400	23,900	34,050	36,800/ 46,000			
	5				21,550	28,000	39,850/ 43,100	53,850		
	6				24,700	32,100	45,650/ 49,350	61,700		
	7					27,800	36,150	51,450/ 55,650/ 69,550		
	8					30,950	40,250	57,300/ 61,900	77,400	
	9					34,100	44,350	63,100/ 68,200	85,250	
	10						37,250/ 48,400	68,900/ 74,500	93,100	
	11						40,400	52,500/ 74,700	80,750	100,950
	12						43,500	56,600	80,500/ 87,050	108,800
	13						46,650	60,650	86,300/ 93,300	116,650

(100%, 130%, 185%, 200%, and 250% of Federal Poverty Line; From: Federal Register, Feb 7, 2003 rounded to nearest \$50.)

If NUMADULT EQ 1 and CHILD1-CHILD9 EQ 0, go to HEIGHT
Else continue

INCOM94B (Core)

INCOMEB.

63. Which of the following categories best describes your PERSONAL annual income from all sources, that is, the amount of money you, yourself, bring into the household? Less than \$10,000; \$10,000 to less than \$15,000; \$15,000 to less than \$20,000; \$20,000 to less than \$25,000; \$25,000 to less than \$35,000; \$35,000 to less than \$50,000; \$50,000 to less than \$75,000; \$75,000 to \$100,000, or more than \$100,000?

1. Less than \$10,000
2. \$10,000 to less than \$15,000
3. \$15,000 to less than \$20,000
4. \$20,000 to less than \$25,000
5. \$25,000 to less than \$35,000
6. \$35,000 to less than \$50,000
7. \$50,000 to less than \$75,000
8. \$75,000 to \$100,000
9. more than \$100,000
10. \$0; Doesn't have any personal income
77. Don't know / Not sure
99. Refused

HEIGHT (Core)

TYPEIV.

64. About how tall are you without shoes?

Round fractions down

Enter height in feet and inches
(Ex. 5 feet 11 inches = 511)

___ Enter height (verify if Less Than 408 or Greater Than 608)

777. Don't know / Not sure
999. Refused

WEIGHT (Core)

TYPEIV.

65. About how much do you weigh without shoes?

Round fractions up

___ Enter weight in whole pounds (verify if Less Than 80 or Greater Than 350)

777. Don't know / Not sure
999. Refused

COUNTY1 (Core)

COUNTYA.

66. What county do you live in?

Select From Brand List

777. Don't know / Not sure
999. Refused

ZIPCODE (Core)

TYPEIX.

67. What is your zip code?

_____ Enter the five digit number

77777 Don't know / Not sure

99999 Refused

NUMPHON2 (Core)

68. How many residential telephone numbers do you have? Exclude dedicated fax lines, computer lines, cellular and mobile phones.

(8 = 8 or more)

1. One

2. Two

3. Three

4. Four

5. Five

6. Six

7. Seven

8. Eight

77. Don't know / Not sure

99. Refused

INCOMADQ (Core)

YESNO.

69. During the past month, did you feel you had enough money to meet your basic living needs?

1. Yes

2. No

7. Don't know / Not sure

9. Refused

FOOD ADEQUACY

Now I'm going to read you a few statements that people have made about their food situation. For these statements, please tell me whether the statement was **OFTEN true, **SOMETIMES** true, or **NEVER** true for you in the last 12 months. (That is, since MONTH of last year)**

OUTOFFD (DSS and CPNS) Ask all women

TRUEFALB.

70. The food that I bought just didn't last, and I didn't have money to get more. Was that **OFTEN, **SOMETIMES**, or **NEVER** true for you in the last 12 months?**

1. Often

2. Sometimes, or

3. Never true

7. Don't know / Not sure

9. Refused

AFRDMEAL (DSS and CPNS)

TRUEFALB.

71. I couldn't afford to eat balanced meals. Was that **OFTEN, **SOMETIMES**, or **NEVER** true for you in the last 12 months?**

1. Often true

2. Sometimes true

3. Never true

7. Don't know / Not sure

9. Refused

CUTMEAL (DSS and CPNS)

YESNO.

72. In the last 12 months, did you ever cut the size of your meals or skip meals because there wasn't enough money for food?

- 1. Yes
- 2. No (Go to EATLESSC)
- 7. Don't know / Not sure (Go to EATLESSC)
- 9. Refused (Go to EATLESSC)

CUTOFTN (DSS, CPNS)

HOWLONGG.

73. How often did this happen? Was it almost every month, some months but not every month, or, only in one or two months in the last 12 months?

- 1. Almost every month
- 2. Some months, but not every month
- 3. Only in one or two months
- 7. Don't know / Not sure
- 9. Refused

EATLESSC (DSS,CPNS) (Health Status Indicator)

YESNO.

74. In the last 12 months, did you ever eat less than you felt you should because there wasn't enough money to buy food?

- 1. Yes
- 2. No
- 7. Don't know / Not sure
- 9. Refused

EVRHNGRY (DSS,CPNS)

YESNO.

75. In the last 12 months, were you ever hungry but didn't eat because you couldn't afford enough food?

- 1. Yes
- 2. No
- 7. Don't know / Not sure
- 9. Refused

NOTEAT (CPNS, DSS)

YESNO.

76. During the last 12 months, did you ever eat less than you wanted or not eat at all so that some other member of your household would have enough to eat?

- 1. Yes
- 2. No
- 7. Don't know / Not sure
- 9. Refused

FDSTMAPP (CPNS, DSS)

YESNO.

77. In the last twelve months, have you applied for food stamps?

- 1. Yes
- 2. No (Go to FOODBANK)
- 7. Don't know / Not sure (Go to FOODBANK)
- 9. Refused (Go to FOODBANK)

FDSTMDEN (CPNS, DSS)

YESNO.

78. Were you denied food stamps?

- 1. Yes
- 2. No
- 7. Don't know / Not sure
- 9. Refused

In the last 12 months, have you received food assistance from any of the following sources? For each one, please tell me if you received food from the source named.

(DSS) (Ask of all women)

YESNO.

	YES	NO	DK	RF	
79. Emergency food banks	1	2	7	9	FOODBANK
80. Food stamps or the EBT card (share with CPNS)	1	2	7	9	FOODSTP2 (Go to FOODSTLS)
81. WIC (coupons/vouchers)? (share with CPNS)	1	2	7	9	FOODWIC

WHYNOFS (CPNS, DSS) (DO not ask if poverty threshold clearly over 250%) WHYNOFS.

82. What is the main reason you are not currently receiving food stamps? (DO NOT READ)

- 1. Don't need them
- 2. Don't think I'm eligible
- 3. Don't know how to get them
- 4. Too hard to apply
- 5. Don't want government help
- 6. Worried about my citizenship status
- 7. Too embarrassed to use them
- 8. Other (specify)
- 9. Denied food stamps

- 77. Don't know / Not sure
- 99. Refused

FOODSTLS (CPNS, DSS) Ask if yes to FOODSTP

TYPEIII.

83. In an average month, how many days do food stamps last in your household?

____ Enter number of days

- 77. Don't know / Not sure
- 99. Refused

PUBASST3 (DSS)

YESNO.

Now, I would like to ask you about receiving money from the county for your family on a regular basis. This assistance is sometimes called welfare, AFDC, CalWorks, or TANF.

84. Thinking back over the past 12 months, did you ever receive money through one of these programs?

- 1. Yes
- 2. No (GO TO PUBASTCH)
- 7. Don't know / Not sure (GO TO PUBASTCH)
- 9. Refused (GO TO PUBASTCH)

PUBASTN2 (DSS)

YESNO.

85. Thinking back to the last 30 days, did you receive money through one of these programs?

- 1. Yes
- 2. No
- 7. Don't know / Not sure
- 9. Refused

PUBASTCH NEW (DSS)

YESNO.

86. Before the age of 18, did your family receive public assistance?

- 1. Yes
- 2. No
- 7. Don't know/Not sure
- 9. Refused

FOSTCARE (DSS)

YESNO.

87. Thinking back to your childhood, that is, before your 18th birthday, was there ever a time you were removed from your home by the state, county, or court, and went to live with people other than your mother or father?

- 1. Yes
- 2. No
- 7. Don't know / Not sure
- 9. Refused

Next, I would like to ask you about physical activity and weight control.

If EMPLOY3 = 4, 6, 7, 8 or 9, Go to EXERMOD2; Else continue
--

EXERWORK (Core)

EXERWORK.

88. When you are at work, which of the following best describes what you do?

- 1. Mostly sitting or standing
- 2. Mostly walking
- 3. Mostly heavy labor or physically demanding work
- 8. Doesn't work (Do not read)
- 7. Don't know / Not sure
- 9. Refused

EXERMOD2 (Core)

TYPEIII.

89. In a usual week, how many days do you do moderate or vigorous activities for at least 10 minutes at a time, such as brisk walking, bicycling, vacuuming, gardening, or anything else that causes some increase in breathing or heart rate?

____ Enter number of times

888. None

(Go to EXBMODAB)

777. Don't know / Not sure

(Go to EXBMODAB)

999. Refused

(Go to EXBMODAB)

EXEROFT2 (Core)

TYPEXIV.

90. On days when you do moderate or vigorous activities for at least 10 minutes at a time, how much total time do you spend doing these activities?

____ Enter number of minutes

____ Enter number of hours

777. Don't know / Not sure

999. Refused

EXBMODAB (CPNS)

TYPEIII.

91. For good health, how many days a week do you think a person SHOULD participate in moderate or vigorous physical activity, exercise, or sports? (F6 for none).

____ Enter number of days

8. None

(Go to BARRPA)

7. Don't know / Not sure

(Go to BARRPA)

9. Refused

(Go to BARRPA)

EXBMODMB (CPNS)

TYPEIII.

92. On these days, for how many minutes do YOU think a person SHOULD be moderately or vigorously active?

____ Enter number of minutes

7. Don't know / Not sure

9. Refused

BARRPA (CPNS) Ask all women

BARRPA.

93. What is the main reason that you are not more physically active? Choose one. Do not read.

1. Already exercise enough/I don't need to

2. Not enough time/too busy/too tired

3. Lazy

4. Don't find exercise enjoyable/boring

5. Lack self-motivation

6. Medical/Health condition/disability

7. Other (specify): _____

77. Don't know/Not sure

99. Refused

WORKPHYS (CPNS) Ask if EMPLOY3=1-3

YESNO.

94. Does your employer provide any convenient physical fitness benefits, such as a gym, health club membership, exercise classes, release time for physical activity, sports teams, lockers or showers?

- 1. Yes
- 2. No

- 7. Don't know/Not sure
- 9. Refused

WORKNTRN (CPNS) Ask if EMPLOY3=1-3

YESNO.

95. Does your employer provide any convenient nutrition-related benefits, such as nutrition classes, weight loss groups, discounts on healthy food choices in the worksite cafeteria, or labeled healthy dining selections in the worksite cafeteria?

- 1. Yes
- 2. No

- 7. Don't know/Not sure
- 9. Refused

If Yes to any HLTHPLAN, continue; Else go to DIET12M

HINSNTRN (CPNS)

YESNO.

96. Does your health insurance coverage include an affordable weight loss program or nutrition counseling?

- 1. Yes
- 2. No

- 7. Don't know/Not sure
- 9. Refused

DIET12M (CPNS) Ask of all respondents

YESNO.

97. Have you intentionally tried to lose weight in the past 12 months?

- 1. Yes
- 2. No

- 7. Don't know / Not sure
- 9. Refused

WTFACIL2 (CPNS)

98. If SELFWGHT =1 or 2 ask:

WTFACIL.

What is the one change that you feel would best help you reach a healthy weight? (Select one. Do not read).

If SELFWGHT=3 ask:

What is the one change that you feel would best help you maintain a healthy weight? (Select one. Do not read).

1. Nothing would help/hereditary/too old
 2. Making time for exercise/More time for exercise
 3. Finding an exercise I like
 4. Motivation
 5. Eating less
 6. Eating different kinds of food/More healthy food choices
 7. Weight loss classes or doctor visits
 8. More discipline/ I had more will power
 9. Don't need to/Don't worry about it
 10. Other (specify)
-
77. Don't know/Not sure
 99. Refused

WATCHTV NEW (CPNS)

99. **How much time did you spend watching TV yesterday?**

_____ Minutes
_____ Hours

7. Don't know/not sure
9. Refused

Perception of Neighborhood Scale

CRIME NEW (CPNS)

SAFE.

100. **Thinking about criminal activity, how safe is it to walk, run, or bike in your neighborhood or community. Would you say...**

- 1 Very safe
 - 2 Somewhat safe
 - 3 Somewhat unsafe
 - 4 Very unsafe
-
- 7 Don't know/not sure
 - 9 Refused

TRAFFIC NEW (CPNS)

SAFE.

101. **Thinking about traffic, how safe is it to walk, run, or bike in your neighborhood or community. Would you say...**

- 1 Very safe
 - 2 Somewhat safe
 - 3 Somewhat unsafe
 - 4 Very unsafe
-
- 7 Don't know/not sure
 - 9 Refused

PLEASNT NEW (CPNS)

PLEASANT.

102. How pleasant is it to walk, run, or bike in your neighborhood or community? For example, are there trees and proper lighting, no graffiti, or abandoned buildings? Would you say...

1. Very pleasant
2. Somewhat pleasant
3. Somewhat unpleasant
4. Very unpleasant
7. Don't know/not sure
9. Refused

Now I would like to ask you a few questions about your physical health.

CNCRTYPE NEW (OWH)

YESNO.

103. Has a doctor ever told you that you had breast cancer or cancer of the reproductive system (e.g. cervix, ovaries, uterus, vagina, vulva, fallopian tubes)?

1. Yes
2. No
7. Don't know / Not sure
9. Refused

HARTHLTH NEW (OWH)

YESNO.

Has a doctor, nurse or other health professional ever told you that you had any of the following?

	Yes	No	DK/NS	REF	
104. A heart attack, also called a myocardial infarction?	1	2	7	9	HARTATCK
105. Angina or coronary heart disease?	1	2	7	9	HARTDIS
106. A stroke?	1	2	7	9	HARTSTRK

OSTEOTL3 NEW (COPE) Ask women 45+:

YESNO.

107. Have you been told by your doctor or other healthcare provider that you have osteoporosis?

1. Yes
2. No
7. Don't know/Not sure
9. Refused

ASTHEVR NEW (OWH)

YESNO.

108. Have you ever been told by a doctor, nurse or other health professional that you had asthma ?

1. Yes
2. No (Go to DIABEVR)
7. Don't know/Not sure (Go to DIABEVR)
9. Refused (Go to DIABEVR)

ASTHSTL NEW (OWH)

YESNO.

109. Do you still have asthma?

1. Yes
2. No
7. Don't know/Not sure
9. Refused

DIABEVR NEW (OWH)

YESNOGES.

110. Have you ever been told by a doctor that you have diabetes?

1. Yes
2. No (Go to OSTEOTLC)
3. Gestational diabetes
(if woman volunteers she had diabetes during pregnancy) (Go to OSTEOTLC)
7. Don't know/Not sure (Go to OSTEOTLC)
9. Refused (Go to OSTEOTLC)

DIABPREG NEW (OWH)

YESNO.

111. Was this only when you were pregnant?

1. Yes
2. No
7. Don't know/Not sure
9. Refused

OSTEOPOROSIS

Now I'd like to ask you some questions about osteoporosis. Osteoporosis, sometimes called thin or brittle bones, is a disease in which bones become fragile and more likely to break.

OSTEOTLC NEW (COPE) Ask of all women:

YESNO.

112. Has your doctor or other healthcare provider talked with you about how to prevent osteoporosis or bone loss?

1. Yes
2. No
8. Not applicable because no doctor/healthcare provider
7. Don't know/Not sure
9. Refused

OSTEOTLD (COPE) Ask if not said yes to OSTEOTL3 or AGE<45

YESNO.

113. Have you been told you have osteoporosis or bone loss?

1. Yes
2. No
7. Don't know / Not sure
9. Refused

FALLBR2 NEW (COPE)

YESNO.

114. Have you broken a bone as the result of a fall?

- 1. Yes
- 2. No (Go to OSTEORSK)
- 7. Don't know / Not sure (Go to OSTEORSK)
- 9. Refused (Go to OSTEORSK)

WHATBONE (COPE)

WHATBONE.

115. Which bone was broken? Mark all that apply.

- 1. Hip or pelvis
- 2. Wrist or forearm
- 3. Other (specify)
- 7. Don't know / Not sure
- 9. Refused

OSTEO2 NEW (COPE) Ask all women

YESNO.

116. Have you ever had a bone density test for osteoporosis or bone loss?

- 1. Yes
- 2. No
- 7. Don't know/Not sure
- 9. Refused

FALLTEST NEW (COPE) Ask if Yes to FALLBRK

YESNO.

117. Did you have the bone density test because of your fall?

- 1. Yes
- 2. No
- 7. Don't know/Not sure
- 9. Refused

OSTEORSK NEW (COPE) Ask if not said yes to OSTEOTLD

YESNO.

118. Do you think you personally have one or more risk factors for osteoporosis?

- 1. Yes
- 2. No
- 7. Don't know / don't remember
- 9. Refused

CHKHGT NEW (COPE) Ask all women :

HOWLONGK.

119. When was the last time you had your height measured by a nurse, doctor or other healthcare provider? (Would you say in the last year, between one and two years ago, between two and five years ago, or more than five years ago)?

1. In the last year
2. 1 – 2 years ago
3. Between 2 – 5 years ago
4. More than 5 years ago
5. Never had height checked

7. Don't know / don't remember
9. Refused

OSTEOPRV NEW (COPE) Ask all women:

YESNO.

120. [USE "prevent" IF ANSWERED NO, DK or REF TO OSTEOTLD, USE "manage" IF ANSWERED YES TO OSTEOTLD]

Are you currently doing anything to help [prevent / manage your] osteoporosis?

1. Yes
2. No

7. Don't know/Not sure
9. Refused

BREAST and CERVICAL CANCER SCREENING

I would like to ask you a few questions about a medical exam called a mammogram. A mammogram is an x-ray of the breast to check for cancer and involves pressing the breast between 2 plastic plates.

HADMAM (CDP:EWC; CDC-C, modified lead-in) (Note: ask all women) YESNO.

121. Have you ever had a mammogram?

1. Yes
2. No (Go to WHYNOTDB)

7. Don't know / Not sure (Go to MAMMPAY)
9. Refused (Go to MAMMPAY)

HOWLONG2 (CDP:EWC; CDC-C)

HOWLONGB.

122. How long has it been since you had your last mammogram?

(Read only if necessary)

1. Within the past year (more than 0 months to 12 months ago)
2. Within the past 2 years (more than 1 year to 2 years ago)
3. Within the past 3 years (more than 2 years to 3 years ago)
4. Within the past 5 years (more than 3 years to 5 years ago)
5. More than 5 years ago (Go to WHYDONE)

7. Don't know / Not sure
9. Refused

MANYMAM (CDP:EWC; Asked in 1997)

TYPEII.

123. About how many mammograms have you had in the past five years?

_____ Enter number

- 00. None
- 77. Don't know/Not sure
- 99. Refused

WHYDONE (CDP:EWC)

WHYDONE.

124. Was your last mammogram done as part of a routine checkup, because of a breast problem, or because you've already had breast cancer?

- 1. Routine checkup
- 2. Breast problem
- 3. Had breast cancer

- 7. Don't know/Not sure
- 9. Refused

If HADMAM=2 continue;

If HOWLONG2>1 and HOWLONG2 <=5 and age>=40 continue; Else go to MAMMPAY

WHYNOTDB (CDP:EWC)

WHYNOTDB.

125. What was the MAIN reason you did not have a mammogram within the past year?

- 1. Doctor never said it was needed
- 2. I had no reason to have a mammogram
- 3. Cost
- 4. No insurance to pay for it
- 5. Too painful

- 8. Other (specify)
- 77. Don't know / Not sure
- 99. Refused

MAMMPAY (CDP:EWC) (Ask all women)

PORTION.

126. If you wanted to have a mammogram, would you have to pay for all, part or none of the cost?

- 1. All
- 2. Part (includes co pay)
- 3. None (Go to HADCBE)
- 7. Don't know / Not sure (Go to HADCBE)
- 9. Refused (Go to HADCBE)

MAMMDFPB (CDP:EWC)

DIFFIC.

127. How difficult would it be for you to pay for the cost of a mammogram? Would you say very difficult, somewhat difficult, or not at all difficult?

- 1. Very difficult
- 2. Somewhat difficult
- 3. Not at all difficult

- 7. Don't know / Not sure
- 9. Refused

A clinical breast exam is when a doctor, nurse, or other health professional feels the breast for lumps.
HADCBE (CDP:EWC) ASK ALL WOMEN YESNO.

128. Have you ever had a clinical breast exam?

- 1. Yes
- 2. No (Go to F40CBEGB)
- 7. Don't know / Not sure (Go to F40CBEGB)
- 9. Refused (Go to F40CBEGB)

WHENCBE (CDP:EWC)

HOWLONGB.

129. How long has it been since your last clinical breast exam? (Read only if necessary)

- 1. Within the past year (more than 0 months to 12 months ago)
- 2. Within the past 2 years (more than 1 year to 2 years ago)
- 3. Within the past 3 years (more than 2 years to 3 years ago)
- 4. Within the past 5 years (more than 3 years to 5 years ago)
- 5. More than 5 years ago (Go to F40CBEGB)
- 7. Don't know / Not sure
- 9. Refused

MANYCBE (CDP:EWC)

TYPEII.

130. About how many clinical breast exams have you had in the past five years?

- ____ Enter number
- 00. None
 - 77. Don't know/Not sure
 - 99. Refused

F40CBEGB (CDP:EWC) Ask all women Modified responses

BGUIDE.

131. How often do you think a woman your age should have a clinical breast exam?

- 1. More than once every year
- 2. Once every year
- 3. Once every 2 years
- 4. Once every 3 or more years
- 5. Never
- 7. Don't know/not sure
- 9. Refused

GYNEXAM (OWH)

TYPEIV.

132. When was your last regular female check-up, also called your annual gynecologic exam? (This may or may not include a Pap test). F6=Not Applicable

____ Enter month
____ Enter Year

8888. Never (Go to HYSTER2)

7777. Don't Know
9999. Refused

PAPINFO2 (OWH) Ask if GYNEXAM is after January, 2000

YESNO.

133. At the time of your last regular female check-up, did your doctor or other health care provider give you written information such as a pamphlet or flier, on gynecologic cancers: those include cancers of the cervix, uterus, ovaries or vulva?

- 1. Yes
- 2. No
- 7. Don't know / Not sure
- 9. Refused

If PREGNANT EQ 1 or TRYPREG =1, go to MHOVRWLM; else continue.

HYSTER2 (Core)

YESNO.

134. Have you had a hysterectomy (that is, an operation to remove the uterus/womb)?

- 1. Yes
- 2. No
- 7. Don't know / Not sure
- 9. Refused

MENTAL HEALTH ISSUES

Now I would like to ask you about your feelings and experiences.

MHOVRWLM (Core) Ask All Women (modified lead in)

OFTEN.

135. In the past 30 days, how often have you felt problems were piling up so high that you could not overcome them? Would you say...

- 1. Very often
- 2. Often
- 3. Sometimes
- 4. Rarely
- 5. Never
- 7. Don't know/Not sure
- 9. Refused

DAYSANX (DSS,MCH) Ask all women

TYPEIII.

136. During the past 30 days, for about how many days have you felt worried, tense, or anxious?

___ Enter Number of days

- 88. None
- 77. Don't know/Not sure
- 99. Refused

DAYSSAD (DSS,MCH) Ask all women

TYPEIII.

137. During the past 30 days, for about how many days have you felt sad, blue, or depressed?

___ Enter Number of days

- 88. None
- 77. Don't know/Not sure
- 99. Refused

MHHELP2 (DSS)

YESNO.

138. Now thinking about the last 12 months, did you ever want or need help with personal or family problems from a mental health professional such as a social worker, psychiatrist, psychologist or counselor?

- | | | |
|----|---------------------|------------------|
| 1. | Yes | |
| 2. | No | (Go to DRNKANY1) |
| 7. | Don't know/Not sure | (Go to DRNKANY1) |
| 9. | Refused | (Go to DRNKANY1) |

MHHLAWN2 (DSS)

YESNO.

139. Did you get help?

- | | |
|----|------------|
| 1. | Yes |
| 2. | No |
| 7. | Don't know |
| 9. | Refused |

ALCOHOL USE

Next I would like to ask you a few questions about alcohol use.

DRNKANY1 (Core) (All Women)

YESNO.

140. During the past month, have you had at least one drink of any alcoholic beverage such as beer, wine, wine coolers, or liquor?

- | | | |
|----|-----------------------|---------------|
| 1. | Yes | |
| 2. | No | (Go to DRUNK) |
| 7. | Don't know / Not sure | (Go to DRUNK) |
| 9. | Refused | (Go to DRUNK) |

DRKALC (Core)

TYPEII.

141. During the past month, how many days per week or per month did you drink any alcoholic beverage, on the average?

_____	Enter Number	1XX per week
_____	Enter Week or Month	2XX per month

- | | | |
|------|-----------------------|---------------|
| 888. | None (F6) | (Go to DRUNK) |
| 777. | Don't know / Not sure | (Go to DRUNK) |
| 999. | Refused | (Go to DRUNK) |

NALCOCC (Core)

TYPEIII.

142. A drink is 1 can or bottle of beer, 1 glass of wine, 1 can or bottle of wine cooler, 1 cocktail, or 1 shot of liquor. On the days when you drank, about how many drinks did you drink on the AVERAGE?

_____	Enter Number of drinks (One half = .5) (verify if GT 11)
88	None

- | | |
|-----|-----------------------|
| 77. | Don't know / Not sure |
| 99. | Refused |

DRINKGE5 (Core)

TYPEIII.

143. Considering all types of alcoholic beverages, how many times during the past month did you have 5 or more drinks on an occasion?

___ Enter Number of times (verify if GT 15)

77. Don't know / Not sure

99. Refused

DRUNK (ADP) Ask all women

TYPEIV.

144. How often in the past year did you drink enough to feel drunk?

___ Enter Number of times (verify if GT 10)

77. Don't know / Not sure

99. Refused

DRNKHARM NEW (ADP) Ask all women

YESNO.

145. Now thinking of your entire lifetime, was there ever a time when you felt your drinking had a harmful effect on your health? (NOTE: Examples of harmful effects might include internal effects on gastro-intestinal system, liver, or heart; an injury or accident that happened while you were drinking or still feeling the effects; or feeling rundown or often ill).

1. Yes

2. No

7. Don't know/Not sure

9. Refused

DRNKHHELP NEW (ADP) Ask all women

YESNO.

146. Have you ever gone to anyone – a physician, AA, a treatment agency, or some other agency or professional person for a problem related in any way to your drinking?

1. Yes

2. No

7. Don't know/Not sure

9. Refused

ACCESS TO FAMILY PLANNING SERVICES

Now I'd like to ask you a few questions about sexual behavior. If there is a question that you cannot or do not wish to answer, please tell me and I'll go to the next question.

SEXBHAG2 NEW (OFP) Ask all women

TYPEVIII.

147. How old were you at the time of your first sexual intercourse experience with a man?

___ Enter age in number of years

555. Never had intercourse

(Go to WHOSXEVR)

777. Don't know / Not sure

(Go to WHOSXEVR)

999. Refused question

(Go to WHOSXEVR)

HYSTER2=1 OR AGE>50 or SEXBHAGE = 555, go to WHOSXVER; else continue
--

Now I would like to ask you about your access to a health provider for family planning services.

FPWHEN2 (OFP) (Ask if HYSTER2 NE 1 and AGE LE 50)

HOWLONGD.

148. When did you last have a visit with a health provider to talk about or receive birth control? (Read only if necessary)

1. Within the last six months
2. More than 6 months to 12 months ago
3. More than 12 months to 2 years ago
4. More than two years ago
5. Never
7. Don't know / Not sure
9. Refused
8. Refused Module (Go to BCUSE4)

FPDENIE3 (OFP)

YESNORF.

149. In the past 12 months have you gone without birth control supplies because you did not have enough money to pay for them?

1. Yes
2. No
8. Refused Module (Go to BCUSE4)
7. Don't know / Not sure
9. Refused

FPDENLO2 (OFP)

YESNORF.

150. In the past 12 months have you gone without birth control because you did not know where to get services or supplies?

1. Yes
2. No
8. Refused Module (Go to BCUSE4)
7. Don't know / Not sure
9. Refused

FPDENAP (OFP)

YESNORF.

151. In the past 12 months have you gone without birth control because you could not get an appointment or it was not convenient to go to the appointment?

1. Yes
2. No
8. Refused Module
7. Don't know / Not sure
9. Refused

BIRTH CONTROL USE

BCUSE4 (OFP) (Asked if PREGNANT NE1)

YESNOM.

152. Are you or your male sex partner currently using a birth control method to prevent pregnancy? This includes male or female sterilization.

- | | | |
|----|------------------------|------------------|
| 1. | Yes | |
| 2. | No | (Go to BCWHYNOT) |
| 3. | No male sexual partner | (Go to EMRGBC) |
| 7. | Don't know / Not sure | (Go to EMRGBC) |
| 9. | Refused Question | (Go to EMRGBC) |
| 8. | Refused Module | (Go to EMRGBC) |

BCTYPE (OFP) (modified response categories)

YESNO.

153. Which birth control method or methods are you using? (Read only if necessary) (Select all that apply)

New instruction: Probe "Any other method?"

- | | | |
|-----|---|------------------------|
| 1. | Male sterilization \vasectomy | BCTYP_A |
| 2. | Female sterilization | BCTYP_B |
| 3. | Norplant/implants | BCTYP_C |
| 4. | Depo-Provera /Injectables/Shots | BCTYP_D |
| 5. | Birth control pills/oral contraceptive | BCTYP_E |
| 6. | IUD/coil/loop/IUC/IUS | BCTYP_F |
| 7. | Condoms/rubbers | BCTYP_G |
| 8. | Diaphragm | BCTYP_H |
| 9. | Female condom/vaginal pouch | BCTYP_I |
| 10. | Cervical cap | BCTYP_J |
| 11. | Foam/jelly/cream/vaginal contraceptive film (VCF) | BCTYP_K |
| 12. | Withdrawal/pulling out | BCTYP_L |
| 13. | Natural family planning/Rhythm/Fertility Awareness | BCTYP_M |
| 14. | Other (Specify) | BCTYP_N |
| 15. | Contraceptive Patch (Ortho Evra) | BCTYP_P |
| 16. | Contraceptive vaginal ring (NuvaRing) | BCTYP_Q |
| 17. | Emergency contraception (morning afterpill, Plan B, Preven) | BCTYP_R |
| 77. | Don't know / Not sure | |
| 99. | Refused Question | |
| 88. | Refused Module | (Go to EMRGBC) BCTYP_O |

BCTYPTXT

153.5 OTHER (SPECIFY)

After answering BCTYPE, go to BCPAY

BCWHYNOT (OFP)

BCWHYNOT.

154. What is the MAIN reason that you are not CURRENTLY using birth control?
(Read only if necessary)

Select from Brand List

- | | |
|-----|-----------------------|
| 18. | Other (Specify) |
| 88. | Didn't think about it |
| 77. | Don't know / Not sure |

BCWHYNOX

154.5 Other (SPECIFY)

If BCTYP_A =1 , go to EMRGBC;
 If BCTYP_B =1, (sterilized), or BCWHYNOT = 14 (sterilized), go to BCPAY2;
 If PREGNANT EQ1, or BCTYP_L=1.OR.BCTYP_M =1 go to EMRGBC; Else continue

Now I would like to ask you a few questions about how you pay for birth control.

BCPAY (OFP)

YESNO.

155. How do you pay for the primary method of birth control that you use? (Select all that apply.)

- | | |
|---|---------|
| 1. Private Health Insurance | BCPAY_A |
| 2. Medi-Cal | BCPAY_B |
| 3. Family PACT/state program/SOFP/BIC/HAP | BCPAY_C |
| 4. College-based health insurance | BCPAY_D |
| 5. Got method free from a clinic outside of a school (e.g. county or community) | BCPAY_E |
| 6. Got method free from school or school clinic | BCPAY_F |
| 7. You paid co-pay | BCPAY_G |
| 8. Partner paid co-pay | BCPAY_H |
| 9. You paid entire cost | BCPAY_I |
| 10. Partner paid entire cost | BCPAY_J |
| 11. Share cost with partner | BCPAY_K |
| 12. Family member pays cost | BCPAY_L |
| 13. Other (specify) | BCPAY_M |
| 14. Don't use birth control | BCPAY_N |
| 77. Don't know / Not sure | |
| 99. Refused | |

BCPAY2 (OFP)

YESNO.

155.5 How did you pay for the sterilization?

- | | |
|---|----------|
| 1. Private Health Insurance | BCPAY2_A |
| 2. Medi-Cal | BCPAY2_B |
| 3. Family PACT/state program/SOFP/BIC/HAP | BCPAY2_C |
| 4. College-based health insurance | BCPAY2_D |
| 5. Got method free from a clinic outside of a school (e.g. county or community) | BCPAY2_E |
| 6. Got method free from school or school clinic | BCPAY2_F |
| 7. You paid co-pay | BCPAY2_G |
| 8. Partner paid co-pay | BCPAY2_H |
| 9. You paid entire cost | BCPAY2_I |
| 10. Partner paid entire cost | BCPAY2_J |
| 11. Share cost with partner | BCPAY2_K |
| 12. Family member pays cost | BCPAY2_L |
| 13. Other (specify) | BCPAY2_M |
| 14. Don't use birth control | BCPAY2_N |
| 77. Don't know / Not sure | |
| 99. Refused | |

If any "Yes" responses to HLTHPLAN and BCUSE4=2, continue;
 Else, go to EMRGBC

EMRGBC (OFP)

YESNO.

156. To the best of your knowledge, if a woman has unprotected sex is there anything she can do in the three days following intercourse that will prevent pregnancy?

1. Yes
2. No (Go to WHOSXEVR)
7. Don't know / Not sure (Go to WHOSXEVR)
9. Refused (Go to WHOSXEVR)

EMERGWHT (OFP)

EMERGWHT.

157. What can she do? (Do not read responses)

1. Use emergency contraception
2. Take the "morning after" pill
3. Have an IUD inserted
4. Take high dose/extra/several birth control pills
5. Take birth control pills
6. Take RU486
7. Have an abortion
8. Douche
9. Pray
10. Other (Specify)
77. Don't know / Not sure
99. Refused

The next question asks about with whom you have had any kind of sexual activity over your adult lifetime.

WHOSXEVR (Core) (Asked of all women)

WHOSEXB.

158. Which response best describes whom you have had sex with over your adult lifetime? Would you say ... (Adult = 18 or older)

1. Sex only with a woman (or with women)
2. Sex only with a man (or with men)
3. Sex with both men and women
4. Never had sex (Go to SXORIENT)
7. Don't know / Not sure
9. Refused

WHOSX12M (Core) (Asked of all women)

WHOSEXB.

159. Which response best describes whom you have had sex with in the past 12 months? Would you say...

1. Sex only with a woman (or with women)
2. Sex only with a man (or with men)
3. Sex with both men and women
4. Did not have sex
7. Don't know / Not sure
9. Refused

This next question is about your sexual orientation and I want to remind you again that your answers are completely confidential.

SXORIENT NEW (OWH)

ORIENT.

160. Which of the following best describes you? Would you say...

1. Heterosexual (straight)
2. Gay or Lesbian
3. Bisexual
4. Not sure

7. Don't know/not sure
9. Refused

SEXUALLY TRANSMITTED DISEASES

I would now like to ask you some questions about sexually transmitted diseases or STDs.

STDCHLYD(STD) (Ask all women)

YESNORF.

161. Have you ever heard of chlamydia?

1. Yes (Go to SEXBHNUM)
2. No
7. Don't know/Not sure (Go to SEXBHNUM)
9. Refused Question (Go to SEXBHNUM)
8. Refused Module (Go to HIVPGTLK)

CHLYDTS3 NEW (STD) Ask of women <=50

YESNOUN.

162. Have you been tested for chlamydia during the past 12 months? Would you say: yes, no, or don't know?

1. Yes
2. No
7. Don't know / Not sure
9. Refused Question
8. Refused Module (Go to HIVPGTLK)

SEXBHNUM (OFP) (Asked if WHOSXEVR =2 or 3 and if AGE8 <=50)

TYPEVIII.

163. How many male sexual partners have you had in the last 12 months?

____ Enter number

777. Don't know/Not sure
999. Refused Question
888. Refused Module (Go to HIVPGTLK)

OTHRPAR3 (STD) (Asked if SEXBHNUM NE 0 and if AGE ≤ 50) YESNORF

164. This question is about a new male sex partner. A new sex partner is someone you had sex with for the first time. During the past 12 months, did you have a new male sex partner?

- 1. Yes
- 2. No (Go to STD TALK2)
- 7. Don't know/Not sure (Go to STD TALK2)
- 9. Refused Question (Go to STD TALK2)
- 8. Refused Module (Go to HIVPGTLK)

FRSTCOND (STD) YESNORF.

165. Did you use a condom when you had sex with that person the first time?

- 1. Yes
- 2. No
- 7. Don't know/Not sure
- 9. Refused Question
- 8. Refused Module (Go to HIVPGTLK)

STD TALK2 NEW (STD) (Asked if WHOSXEVR = 2 or 3 and if AGE ≤ 50) SEXTALK.

166. Think about your current or most recent male sex partner, which of the following statements best describes how seriously you have talked about sexually transmitted diseases with that partner? Would you say . . .

- 1. talked seriously about sexually transmitted diseases
- 2. mentioned sexually transmitted diseases but not seriously
- 3. never talked about sexually transmitted diseases
- 7. Don't know/Not Sure
- 9. Refused

SEXWOTH2 NEW (STD) (Asked if WHOSXEVR = 1 or 3 and if AGE ≤ 50) SCALEG.

167. Thinking about your current or most recent male sex partner. How likely is it that this partner was having sex with anyone else besides yourself while you were together? Would you say. . .

- 1. Definitely Yes
- 2. Very likely
- 3. Somewhat likely
- 4. Not very likely
- 5. Definitely No
- 7. Don't Know/Not Sure
- 9. Refused

STDADV2 (STD) Ask if AGE ≤ 50 YESNO.

168. During the past 12 months, did a doctor or other health care provider talk to you about your personal sexual behavior?

- 1. Yes
- 2. No
- 7. Don't know/Not sure
- 9. Refused

STDTEST NEW (STD) Ask if AGE ≤ 50

YES/NORF.

169. During the past 12 months, have you been told by a doctor or other health care provider that you have a sexually transmitted disease?

- | | |
|------------------------|------------------|
| 1. Yes | |
| 2. No | (Go to HIVPGTLK) |
| 7. Don't know/Not sure | (Go to HIVPGTLK) |
| 9. Refused Question | (Go to HIVPGTLK) |
| 8. Refused Module | (Go to HIVPGTLK) |

STDTSTWT NEW (STD) Ask if AGE ≤ 50

YES/NO.

170. What did the doctor or other health care provider tell you it was? (Mark all that apply; Do not read)

- | | |
|--------------------------------------|---------|
| 1. Chlamydia | STDDX_A |
| 2. Genital Herpes | STDDX_B |
| 3. Genital Warts (HPV) | STDDX_C |
| 4. Gonorrhea | STDDX_D |
| 5. HIV or AIDS | STDDX_E |
| 6. Pelvic Inflammatory Disease (PID) | STDDX_F |
| 7. Syphilis | STDDX_G |
| 8. Trichomonas | STDDX_H |
| 9. Yeast Infection | STDDX_I |
| 10. Other (specify) | STDDX_J |
| 77. Don't Know/Not Sure | |
| 99. Refused Question | |
| 88. Refused Module | STDDX_K |

STDDXTXT

170.5 OTHER (SPECIFY)

HIVPGTLK (MCH) (Ask if PREGNANT=1 or PREG5YR=1)

YES/NO.

171. During your most recent pregnancy, did a doctor, nurse, or other health care provider talk with you about HIV (the virus that causes AIDS) and about testing your blood for HIV?

- | |
|--------------------------|
| 1. Yes |
| 2. No |
| 7. Don't know / Not sure |
| 9. Refused |

HIVPGTST (MCH) (Ask if PREGNANT=1 or PREG5YR=1)

YES/NO.

172. Did you have your blood tested for HIV (the virus that causes AIDS) during any pregnancy in the last five years?

- | |
|--------------------------|
| 1. Yes |
| 2. No |
| 7. Don't know / Not sure |
| 9. Refused |

DOMESTIC VIOLENCE

The next questions are about relationships with intimate partners. By partner I mean current or former husband, partner, boyfriend or girlfriend. I want to be sure you know that your participation is totally voluntary and that all the answers you provide will be kept confidential. If there is a question that you cannot or do not wish to answer, please tell me and I'll go to the next question.

DVFEAR (DV) (Asked of ALL Respondents)

YESNODVA.

173. In the past 12 months, have you been frightened for the safety of yourself, your family or friends because of the anger or threats of a partner or former partner?

1. Yes
2. No
3. No Partner or former partner in past 12 mos (Go to ACESUBAB)
7. Don't know / Not sure
9. Refused

DVCONTROL (DV) (Asked of ALL Respondents)

YESNODVA.

174. At any time during the past 12 months, has a partner or former partner tried to control most or all of your daily activities? For example, controlling who you can talk to or where you can go.

1. Yes
2. No
7. Don't know / Not sure
9. Refused

DVLAITYR (DV)

YESNO.

In the past 12 months has a partner or former partner:

	Yes	No	DK/NS	REF	
175. Thrown something at you?	1	2	7	9	DVYRTHRW
176. Pushed, grabbed, shoved or slapped you?	1	2	7	9	DVYRPUSH
177. Kicked, bit or hit you with a fist?	1	2	7	9	DVYRHIT
178. Beaten you up or choked you?	1	2	7	9	DVYRBEAT
179. Forced you to have sex against your will?	1	2	7	9	DVYRSEX
180. Used a knife on you or fired a gun at you?	1	2	7	9	DVYRUSE
181. Followed you or spied on you?	1	2	7	9	DVYRFLOW

If no Yes answers to 174 through 181 go to ACESUBAB;
Else, continue.

DVSKHLP (DV)

YESNO.

182. Did you seek help following any incident?

1. Yes
2. No
7. Don't know/Not sure
9. Refused

Adverse Childhood Experiences

The following questions refer to experiences YOU had while you were growing up, that is before you turned 18 years of age.

ACESUBAB (DSS)

YESNO.

183. Before the age of 18, did you live with someone who was a problem drinker or someone who used street drugs?

1. Yes
2. No

7. Don't know/Not sure
9. Refused

ACEDEPMI (DSS)

YESNO.

184. Before the age of 18, did you live with someone who was depressed or mentally ill?

1. Yes
2. No

7. Don't know/Not sure
9. Refused

ACEDVMO2 NEW (DSS)

YESNO.

185. Before your 18th birthday, did you ever see anyone treat your mother (or stepmother) violently, such as beat her up, hit, punch, throw something at her, threaten or attack her?

1. Yes
2. No

7. Don't know/Not sure
9. Refused

ACEJAIL (DSS)

YESNO.

186. Before the age of 18, did you live with someone who went to prison or jail?

1. Yes
2. No

7. Don't know/Not sure
9. Refused

ACEDVRCE NEW (DSS)

YESNO.

187. Before your 18th birthday, were your parents, separated or divorced?

1. Yes
2. No

7. Don't know/Not sure
9. Refused

TSS

I am going to ask you about some stressful experiences you may have had. Please remember that everything you tell me is confidential. If at any time you feel like you would like to stop, please let me know.

TSSTKAD (DSS)

YESNORF.

I'm going to ask you some questions about things that may have happened to you after the age of 18.

188. After the age of 18, did anyone ever take something from you by force or threat of force? This includes only face-to-face encounters, such as a mugging or hold up.

- 1. Yes
- 2. No

- 7. Don't know / Not sure
- 9. Refused
- 8. Refused Module (Go to PTSD1)

TSSBTAD (DSS)

YESNORF.

189. After the age of 18, did anyone ever beat you up, such as slap, punch, or kick you, or attack you? (This includes a stranger or some one you know, like a partner or family member).

- 1. Yes
- 2. No

- 7. Don't know / Not sure'
- 9. Refused
- 8. Refused Module (Go to PTSD1)

TSSSXAD (DSS)

YESNORF.

190. After the age of 18, did anyone ever force you into unwanted sexual activity by using force or threatening to harm you? (This includes any type of unwanted sexual activity, not just penetration.)

- 1. Yes
- 2. No

- 7. Don't know / Not sure
- 9. Refused
- 8. Refused Module (Go to PTSD1)

TSSDIAD (DSS)

YESNORF.

191. After the age of 18, did a close friend or family member ever die in an accident, homicide, or suicide?

- 1. Yes
- 2. No

- 7. Don't know / Not sure
- 9. Refused
- 8. Refused Module (Go to PTSD1)

I'm going to ask you some questions about things that may have happened to you BEFORE the age of 18.

TSSINSCH (DSS)

YESNORF.

192. Before the age of 18, did a parent or other adult in your household often or very often, swear at, insult, or put you down, or make you afraid that you would be physically hurt?

- 1. Yes
- 2. No

- 7. Don't know / Not sure
- 9. Refused
- 8. Refused Module (Go to PTSD1)

TSSTKCH (DSS)

YESNORF.

193. Before the age of 18, did anyone ever take something from you by force or threat of force? This includes only face-to-face encounters, such as a mugging or hold up.

- 1. Yes
- 2. No

- 7. Don't know / Not sure
- 9. Refused
- 8. Refused Module (Go to PTSD1)

TSSBTCH (DSS)

YESNORF.

194. Before the age of 18, did anyone ever beat you up, such as slap, punch, or kick you, or attack you? (This includes a stranger or some one you know, like a partner or family member).

- 1. Yes
- 2. No

- 7. Don't know / Not sure'
- 9. Refused
- 8. Refused Module (Go to PTSD1)

TSSSXCH (DSS)

YESNORF.

195. Before the age of 18, did anyone ever force you into unwanted sexual activity by using force or threatening to harm you? (This includes any type of unwanted sexual activity, not just penetration.)

- 1. Yes
- 2. No

- 7. Don't know / Not sure
- 9. Refused
- 8. Refused Module (Go to PTSD1)

TSSDICH (DSS)

YESNORF.

196. Before the age of 18, did a close friend or family member ever die in an accident, homicide, or suicide?

- 1. Yes
- 2. No

- 7. Don't know / Not sure
- 9. Refused
- 8. Refused Module (Go to PTSD1)

PTSD

Now I'm going to ask you some questions about experiences people have had that are frightening, upsetting, or stressful to most people. Please think back over your whole life when you answer these questions. Your answers are important to us, but you do not have to answer any questions that you don't want to.

PTSD1 (DSS)

YESNO.

197. Thinking back over your entire lifetime, have you ever had any experience or experiences that were frightening, horrible or upsetting?

- 1. Yes
- 2. No (Go to MEDI_FU2)
- 7. Don't know / Not sure (Go to MEDI_FU2)
- 9. Refused (Go to MEDI_FU2)
- 8. Refused module (Go to MEDI_FU2)

PTSD2 (DSS)

YESNO.

198. Now thinking about the last 30 days, did you have nightmares about any experience or think about it when you did not want to?

- 1. Yes
- 2. No
- 7. Don't know / Not sure
- 9. Refused

PTSD3 (DSS)

YESNO.

199. In the past 30 days, did you try hard not to think about any experience or go out of your way to avoid situations that reminded you of it?

- 1. Yes
- 2. No
- 7. Don't know / Not sure
- 9. Refused

PTSD4 (DSS)

YESNO.

200. In the past 30 days, have you been constantly on guard, watchful, or easily startled?

- 1. Yes
- 2. No
- 7. Don't know / Not sure
- 9. Refused

PTSD5 (DSS)

YESNO.

201. In the past 30 days, have you felt numb or detached from others, activities, or your surroundings?

- 1. Yes
- 2. No
- 7. Don't know / Not sure
- 9. Refused

MEDI_FU2 (ask if age>=65 and did not say "yes" to MEDICARE) YESNO.

202. Do you have a social security card with red, white and blue stripes?

1. Yes
2. No

7. Don't know / Not sure
9. Refused

CLOSING: That's my last question. We appreciate the time you took to help the State of California develop and expand services and educational programs for women. We know that some of the questions we asked you were very personal, but please remember that your answers will be kept confidential. If you would like to talk with someone about these personal questions you may call RAINN at 1-800-656-HOPE. We hope you feel good about your contribution. Thank you.

SPANINT

SPANINT.

(TO INTERVIEWER:) In what language was this survey completed?

1. Spanish
2. English